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## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number: 13325.0034



In re Application of John K. Schneider et al.

Application Number 09/659,772

Filed September 11, 2000

For Left Hand Right Hand Invariant Dynamic Finger Positioning Guide

Group Art Unit 2623

Examiner S. A. Ahmed

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) \$ \_\_\_\_\_  
☒ Two months (37 CFR 1.17(a)(2)) \$ 430  
☐ Three months (37 CFR 1.17(a)(3)) \$ \_\_\_\_\_  
☐ Four months (37 CFR 1.17(a)(4)) \$ \_\_\_\_\_  
☐ Five months (37 CFR 1.17(a)(5)) \$ \_\_\_\_\_

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-2442. I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)

☒ attorney or agent of record.

☐ attorney or agent acting under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). \_\_\_\_\_

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

October 12, 2004

Date

Signature

(716) 848-1367

Telephone Number

Martin G. Linihan

Typed or printed name

NOTE: Signature of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

### CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Date October 12, 2004

Martin G. Linihan

(Type or print name of person mailing paper)

Martin G. Linihan  
(Signature of person mailing paper)

10/18/2004 HBERHE 00000008 09659772

01 FC:1252

430.00 0P

PTO/SB/17 (10-03) Approved for use through 07/31/2006, OMB 0631-0032

# FEE TRANSMITTAL

## for FY 2004

*Effective 10/01/2003. Patent Fees are subject to annual revision.*

☐ Applicant claims small entity status. See 37 CFR 1.101.

|                        |                          |
|------------------------|--------------------------|
| Application Number     | 09/659,772               |
| Filing Date            | September 11, 2000       |
| First Named Inventor   | John K. Schneider et al. |
| Examiner Name          | S. A. Ahmed              |
| Group/Art Unit         | 2623                     |
| Attorney Docket Number | 13325.0034               |

**TOTAL AMOUNT OF PAYMENT** (\$430)

| METHOD OF PAYMENT (check all that apply)   | FEE CALCULATION (continued)  |              |          |  |              |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
|--|--|--------------|----------|--|--------------|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|-----|------|-----|-------------------------------------|----|------|-----|------|-----|--|----|------|-----|------|-----|--------------------------------------|----|------|-------|------|-------|--|----|------|------|------|------|---|----|---------------------|--------|------|--------|---|------------|------|-----|------|----|--|----|------|-----|------|-----|---|-------|------|-----|------|-----|--|----|------|-------|------|-----|---|----|------|-------|------|-------|--|----|------|-----|------|-----|------------------|----|------|-----|------|-----|--|----|------|-----|------|-----|--------------------------|----|------|-------|------|-------|---|----|------|-----|------|----|----------------------------------|----|------|-------|------|-----|------------------------------------|----|------|-------|------|-----|--|----|------|-----|------|-----|------------------|----|------|-----|------|-----|-----------------|----|------|-----|------|-----|-------------------------------|----|------|----|------|----|-------------------------------------|----|------|-----|------|-----|--|----|------|----|------|----|--|----|------|-----|------|-----|--|----|------|-----|------|-----|--|----|------|-----|------|-----|---|----|------|-----|------|-----|---|----|---------------------------|--|--|--|--|----|-----------------------------------|--|--|--|--|--|---------------------|--|--|--|--|--------------|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input type="checkbox"/> Deposit Account: Deposit Account Number: 08-2442<br>Deposit Account Name: Hodgson Russ LLP<br>The Director is hereby authorized to (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below<br><input checked="" type="checkbox"/> Charge any fee deficiencies or credit any overpayments<br><input type="checkbox"/> Charge any additional fees during pendency of this application.<br><input type="checkbox"/> Charge fees indicated below, except for the filing fee to the above-identified deposit account  | <b>3. ADDITIONAL FEES</b>  |              |          |  |              |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
|  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td>\$</td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td>\$</td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td>\$</td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td>\$</td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting Publication of SIR prior to Examiner Action</td> <td>\$</td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting Publication of SIR after Examiner Action</td> <td>\$</td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td>\$</td> </tr> <tr> <td>1252</td> <td>430</td> <td>2252</td> <td>215</td> <td>Extension for reply within second month</td> <td>\$430</td> </tr> <tr> <td>1253</td> <td>980</td> <td>2253</td> <td>490</td> <td>Extension for reply within third month</td> <td>\$</td> </tr> <tr> <td>1254</td> <td>1,530</td> <td>2254</td> <td>765</td> <td>Extension for reply within fourth month</td> <td>\$</td> </tr> <tr> <td>1255</td> <td>2,080</td> <td>2255</td> <td>1,040</td> <td>Extension for reply within fifth month</td> <td>\$</td> </tr> <tr> <td>1401</td> <td>300</td> <td>2401</td> <td>150</td> <td>Notice of Appeal</td> <td>\$</td> </tr> <tr> <td>1402</td> <td>340</td> <td>2402</td> <td>170</td> <td>Filing a brief in support of an appeal</td> <td>\$</td> </tr> <tr> <td>1403</td> <td>300</td> <td>2403</td> <td>150</td> <td>Request for oral hearing</td> <td>\$</td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td>\$</td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td>\$</td> </tr> <tr> <td>1453</td> <td>1,370</td> <td>2453</td> <td>685</td> <td>Petition to revive - unintentional</td> <td>\$</td> </tr> <tr> <td>1501</td> <td>1,370</td> <td>2501</td> <td>685</td> <td>10 advance copies Utility issue fee (or reissue)</td> <td>\$</td> </tr> <tr> <td>1502</td> <td>490</td> <td>2502</td> <td>245</td> <td>Design issue fee</td> <td>\$</td> </tr> <tr> <td>1503</td> <td>660</td> <td>2503</td> <td>330</td> <td>Plant issue fee</td> <td>\$</td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td>\$</td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17(q)</td> <td>\$</td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td>\$</td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>\$</td> </tr> <tr> <td>1809</td> <td>790</td> <td>2809</td> <td>395</td> <td>Filing a submission after final rejection(37 CFR 1.129(a))</td> <td>\$</td> </tr> <tr> <td>1810</td> <td>790</td> <td>2810</td> <td>395</td> <td>For each add'l invention to be examined(37 CFR 1.129(b))</td> <td>\$</td> </tr> <tr> <td>1801</td> <td>790</td> <td>2801</td> <td>395</td> <td>Request For Continued Examination (RCE)</td> <td>\$</td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> <td>Request for Expedited Examination of a design application</td> <td>\$</td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td>\$</td> </tr> <tr> <td colspan="5">*Reduced by basic filing fee paid</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td><b>\$430</b></td> </tr> </tbody> </table> |              |          |  |              | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051 | 65  | Surcharge - late filing fee or oath | \$ | 1052 | 50  | 2052 | 25  | Surcharge - late provisional filing fee or cover sheet | \$ | 1053 | 130 | 1053 | 130 | Non-English specification            | \$ | 1812 | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination | \$ | 1804 | 920* | 1804 | 920* | Requesting Publication of SIR prior to Examiner Action    | \$ | 1805                | 1,840* | 1805 | 1,840* | Requesting Publication of SIR after Examiner Action | \$         | 1251 | 110 | 2251 | 55 | Extension for reply within first month | \$ | 1252 | 430 | 2252 | 215 | Extension for reply within second month | \$430 | 1253 | 980 | 2253 | 490 | Extension for reply within third month | \$ | 1254 | 1,530 | 2254 | 765 | Extension for reply within fourth month | \$ | 1255 | 2,080 | 2255 | 1,040 | Extension for reply within fifth month | \$ | 1401 | 300 | 2401 | 150 | Notice of Appeal | \$ | 1402 | 340 | 2402 | 170 | Filing a brief in support of an appeal | \$ | 1403 | 300 | 2403 | 150 | Request for oral hearing | \$ | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding | \$ | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable | \$ | 1453 | 1,370 | 2453 | 685 | Petition to revive - unintentional | \$ | 1501 | 1,370 | 2501 | 685 | 10 advance copies Utility issue fee (or reissue) | \$ | 1502 | 490 | 2502 | 245 | Design issue fee | \$ | 1503 | 660 | 2503 | 330 | Plant issue fee | \$ | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | \$ | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) | \$ | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Statement | \$ | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | \$ | 1809 | 790 | 2809 | 395 | Filing a submission after final rejection(37 CFR 1.129(a)) | \$ | 1810 | 790 | 2810 | 395 | For each add'l invention to be examined(37 CFR 1.129(b)) | \$ | 1801 | 790 | 2801 | 395 | Request For Continued Examination (RCE) | \$ | 1802 | 900 | 1802 | 900 | Request for Expedited Examination of a design application | \$ | Other fee (specify) _____ |  |  |  |  | \$ | *Reduced by basic filing fee paid |  |  |  |  |  | <b>SUBTOTAL (3)</b> |  |  |  |  | <b>\$430</b> |
| Large Entity   |  | Small Entity |          | Fee Description  | Fee Paid     |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| Fee Code   | Fee (\$)   | Fee Code     | Fee (\$) |  |              |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1051   | 130  | 2051         | 65       | Surcharge - late filing fee or oath  | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1052   | 50   | 2052         | 25       | Surcharge - late provisional filing fee or cover sheet                     | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1053   | 130  | 1053         | 130      | Non-English specification  | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1812   | 2,520  | 1812         | 2,520    | For filing a request for <i>ex parte</i> reexamination                     | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1804   | 920*   | 1804         | 920*     | Requesting Publication of SIR prior to Examiner Action                     | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1805   | 1,840*   | 1805         | 1,840*   | Requesting Publication of SIR after Examiner Action                        | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1251   | 110  | 2251         | 55       | Extension for reply within first month                                     | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1252   | 430  | 2252         | 215      | Extension for reply within second month                                    | \$430        |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1253   | 980  | 2253         | 490      | Extension for reply within third month                                     | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1254   | 1,530  | 2254         | 765      | Extension for reply within fourth month                                    | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1255   | 2,080  | 2255         | 1,040    | Extension for reply within fifth month                                     | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1401   | 300  | 2401         | 150      | Notice of Appeal   | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1402   | 340  | 2402         | 170      | Filing a brief in support of an appeal                                     | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1403   | 300  | 2403         | 150      | Request for oral hearing   | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1451   | 1,510  | 1451         | 1,510    | Petition to institute a public use proceeding                              | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1452   | 110  | 2452         | 55       | Petition to revive - unavoidable   | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1453   | 1,370  | 2453         | 685      | Petition to revive - unintentional   | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1501   | 1,370  | 2501         | 685      | 10 advance copies Utility issue fee (or reissue)                           | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1502   | 490  | 2502         | 245      | Design issue fee   | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1503   | 660  | 2503         | 330      | Plant issue fee  | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1460   | 130  | 1460         | 130      | Petitions to the Commissioner  | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1807   | 50   | 1807         | 50       | Processing fee under 37 CFR 1.17(q)  | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1806   | 180  | 1806         | 180      | Submission of Information Disclosure Statement                             | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 8021   | 40   | 8021         | 40       | Recording each patent assignment per property (times number of properties) | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1809   | 790  | 2809         | 395      | Filing a submission after final rejection(37 CFR 1.129(a))                 | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1810   | 790  | 2810         | 395      | For each add'l invention to be examined(37 CFR 1.129(b))                   | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1801   | 790  | 2801         | 395      | Request For Continued Examination (RCE)                                    | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1802   | 900  | 1802         | 900      | Request for Expedited Examination of a design application                  | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| Other fee (specify) _____  |  |              |          |  | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| *Reduced by basic filing fee paid  |  |              |          |  |              |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| <b>SUBTOTAL (3)</b>  |  |              |          |  | <b>\$430</b> |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>790</td> <td>2001</td> <td>395</td> <td>Utility filing fee</td> <td>\$</td> </tr> <tr> <td>1002</td> <td>350</td> <td>2002</td> <td>175</td> <td>Design filing fee</td> <td>\$</td> </tr> <tr> <td>1003</td> <td>550</td> <td>2003</td> <td>275</td> <td>Plant filing fee</td> <td>\$</td> </tr> <tr> <td>1004</td> <td>790</td> <td>2004</td> <td>395</td> <td>Reissue filing fee</td> <td>\$</td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td>\$</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td><b>\$0</b></td> </tr> </tbody> </table>   |  |              |          |  |              | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001 | 790 | 2001 | 395 | Utility filing fee                  | \$ | 1002 | 350 | 2002 | 175 | Design filing fee                                      | \$ | 1003 | 550 | 2003 | 275 | Plant filing fee                     | \$ | 1004 | 790   | 2004 | 395   | Reissue filing fee                                     | \$ | 1005 | 160  | 2005 | 80   | Provisional filing fee                                    | \$ | <b>SUBTOTAL (1)</b> |        |      |        |   | <b>\$0</b> |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| Large Entity   |  | Small Entity |          | Fee Description  | Fee Paid     |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| Fee Code   | Fee (\$)   | Fee Code     | Fee (\$) |  |              |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1001   | 790  | 2001         | 395      | Utility filing fee   | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1002   | 350  | 2002         | 175      | Design filing fee  | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1003   | 550  | 2003         | 275      | Plant filing fee   | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1004   | 790  | 2004         | 395      | Reissue filing fee   | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1005   | 160  | 2005         | 80       | Provisional filing fee   | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| <b>SUBTOTAL (1)</b>  |  |              |          |  | <b>\$0</b>   |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| <b>2. EXTRA CLAIM FEES FOR UTILITY/ REISSUE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td>\$</td> </tr> <tr> <td>1201</td> <td>88</td> <td>2201</td> <td>44</td> <td>Independent claims in excess of 3</td> <td>\$</td> </tr> <tr> <td>1203</td> <td>300</td> <td>2203</td> <td>150</td> <td>Multiple dependent claim if not paid</td> <td>\$</td> </tr> <tr> <td>1204</td> <td>88</td> <td>2204</td> <td>44</td> <td>**Reissue independent claims over original patent</td> <td>\$</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td>\$</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td><b>\$0</b></td> </tr> </tbody> </table> |  |              |          |  |              | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18  | 2202 | 9   | Claims in excess of 20              | \$ | 1201 | 88  | 2201 | 44  | Independent claims in excess of 3                      | \$ | 1203 | 300 | 2203 | 150 | Multiple dependent claim if not paid | \$ | 1204 | 88    | 2204 | 44    | **Reissue independent claims over original patent      | \$ | 1205 | 18   | 2205 | 9    | **Reissue claims in excess of 20 and over original patent | \$ | <b>SUBTOTAL (2)</b> |        |      |        |   | <b>\$0</b> |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| Large Entity   |  | Small Entity |          | Fee Description  | Fee Paid     |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| Fee Code   | Fee (\$)   | Fee Code     | Fee (\$) |  |              |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1202   | 18   | 2202         | 9        | Claims in excess of 20   | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1201   | 88   | 2201         | 44       | Independent claims in excess of 3  | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1203   | 300  | 2203         | 150      | Multiple dependent claim if not paid                                       | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1204   | 88   | 2204         | 44       | **Reissue independent claims over original patent                          | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| 1205   | 18   | 2205         | 9        | **Reissue claims in excess of 20 and over original patent                  | \$           |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |
| <b>SUBTOTAL (2)</b>  |  |              |          |  | <b>\$0</b>   |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                                     |    |      |     |      |     |  |    |      |     |      |     |                                      |    |      |       |      |       |  |    |      |      |      |      |   |    |                     |        |      |        |   |            |      |     |      |    |  |    |      |     |      |     |   |       |      |     |      |     |  |    |      |       |      |     |   |    |      |       |      |       |  |    |      |     |      |     |                  |    |      |     |      |     |  |    |      |     |      |     |                          |    |      |       |      |       |   |    |      |     |      |    |                                  |    |      |       |      |     |                                    |    |      |       |      |     |  |    |      |     |      |     |                  |    |      |     |      |     |                 |    |      |     |      |     |                               |    |      |    |      |    |                                     |    |      |     |      |     |  |    |      |    |      |    |  |    |      |     |      |     |  |    |      |     |      |     |  |    |      |     |      |     |   |    |      |     |      |     |   |    |                           |  |  |  |  |    |                                   |  |  |  |  |  |                     |  |  |  |  |              |

SUBMITTED BY:  
Martin G. Linihan  
Signature: 

DATE: October 12, 2004 Telephone: (716) 848-1367

I hereby Certify that this Correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on October 12, 2004.

Name  
Martin G. Linihan  
972003 v1 (K%0301).DOC

Signature

October 12, 2004  
Date of Signature